

QUARTERLY STATEMENT AS OF SEPTEMBER 30, 2008

OF THE CONDITION AND AFFAIRS OF THE

	Physician	s Health Plan of Mic	d-Michigan		
NAIC Group Code 3408 ,	, <u>3408</u>	NAIC Company Code 95849	Employer's ID Number	er <u>38-2356288</u>	3
(Current Period)	(Prior Period)	State of Demiai	le or Port of Entry Michigan		
Organized under the Laws of Michigan		, State of Domici	le of Fort of Entry <u>infolition</u>	<u> </u>	
Country of Domicile US					
Licensed as business type:					
Life Accident and Health [] Dental Service Corporation [] Health Maintenance Organization [X]	Is HMO Federa	Property/Casualty [] Vision Service Corporation [] Illy Qualified? Yes () No (X)	Hospita Other [nd Dental Service or Indemnity []
Incorporated/Organized December 18, 1980		Commenced Business	October 1, 1981		
Statutory Home Office1400 E Michigan Avenu	ue, Lansing, Michigan 48912				
		(Street and Number, City or Town, State and	d Zip Code)		
Main Administrative Office 1400 E Michigan A	, , , , ,	48912 treet and Number, City or Town, State and Zip Code)			517-364-8400 (Area Code) (Telephone Number)
Mail Address DODou 20277 Lossian Michigan	,	treet and Number, City or Town, State and Zip Code)			(Alea Code) (Telephone Number)
Mail Address P O Box 30377, Lansing, Michigan	48909	(Street and Number, City or Town, State and Zip	Code)		
Primary Location of Books and Records 1	1400 F Michigan Avenue I ans		,		
-	,	(Street and Number, City or To	wn , State and Zip Code)		
_ <u>5</u>	517-364-8400 (Area Code) (Telephor	ne Number)			
		,			
Internet Website Address www.phpmm.org					
Statutory Statement Contact				517-364-8400	
jackie.eddy@phpmm.org		(Name)	į	(Area Code) 517-364-8407	(Telephone Number) (Extension)
J. C.	(E-Mai	il Address)			(Fax Number)
		OTHER OFFICERS Marylee Davis, PhD (Chairperson)			
		DIRECTORS OR TRUSTEES Wendell Barron Chris Bergman Martha Bibbs Richard Bruner Marylee Davis, PhD Patrick Gribben, Jr Dennis Muchmore Larry Rawsthorne, MD Randolph Rifkin Dawn Springer, MD Dennis Swan Scott Wilkerson	5		
County of Ingham The officers of this reporting entity, being duly sworn, eabsolute property of the said reporting entity, free and annexed or referred to, is a full and true statement of a	clear from any liens or claims ill the assets and liabilities and	thereon, except as herein stated, and that this state of the condition and affairs of the said reporting entities.	tement, together with related exhi ity as of the reporting period stated	ibits, schedules d above, and o	s and explanations therein contained, fits income and deductions therefrom
for the period ended, and have been completed in account state rules or regulations require differences in reporting a scott Wilkerson	g not related to accounting pra	I Statement Instructions and Accounting Practices al actices and procedures, according to the best of thei Randolph Rifkin	nu Procedures manual except to t ir information , knowledge and belii	ef, respectively	(1) state law may differ; or, (2) that
President		Secretary			ant Secretary

a. Is this an original filing?

b. If no: 1. State the amendment number 2. Date filed

3. Number of pages attached

Yes (X) No ()

Subscribed and sworn to before me this day of

ASSETS

		Current Statement Date			4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	Prior Year Net Admitted Assets
1.	Bonds				
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks	15,515,101	55,029	15,460,072	17,772,899
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$encumbrances)	1,946,625		1,946,625	2,215,242
	4.2 Properties held for the production of income (less \$ encumbrances)				
	4.3 Properties held for sale (less \$encumbrances)				
5.	$ \begin{array}{lll} \text{Cash (\$ (3,946,956)), cash equivalents (\$)} \\ \text{and short-term investments (\$36,643,278)} \end{array} $	32,696,322		32,696,322	48,224,873
6.	Contract loans (including \$				
7.	Other invested assets	7,439,981	740,051	6,699,930	6,839,205
8.	Receivables for securities	8,539		8,539	
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Line 1 to Line 9)	57,606,568	795,080	56,811,488	75,052,219
11.	Title plants less \$				
12.	Investment income due and accrued	81,175		81,175	210,923
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of collection	3,162,573	720,667	2,441,906	1,342,039
	13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$				
	13.3 Accrued retrospective premiums				
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers				
	14.2 Funds held by or deposited with reinsured companies				
	14.3 Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans				
16.1	Current federal and foreign income tax recoverable and interest thereon				
16.2	Net deferred tax asset				
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software				
19.	Furniture and equipment, including health care delivery assets (\$)				
20.	Net adjustment in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates				
22.	Health care (\$ 803, 175) and other amounts receivable				
23.	Aggregate write-ins for other than invested assets				
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 10 to Line 23)	83,271,928	18,472,251	64,799,677	86,680,724
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Totals (Line 24 and Line 25)	83,271,928	18,472,251	64,799,677	86,680,724
	S OF WRITE-INS				
0902.					
0998.	Summary of remaining write-ins for Line 9 from overflow page				
0999.	Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)				
2302.	PREPAIDS				
	Summary of remaining write-ins for Line 23 from overflow page Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)				

LIABILITIES, CAPITAL AND SURPLUS

2. A 3. U 4. A 5. A 6. F	Claims unpaid (less \$reinsurance ceded)	1 Covered	2 Uncovered	3	4
2. A 3. U 4. A 5. A 6. F			Uncovered		
2. A 3. U 4. A 5. A 6. F				Total	Total
2. A 3. U 4. A 5. A 6. F		12 560 816	1 004 400	13,574,315	26 083 858
3. U 4. A 5. A 6. F	Accided medical incentive pool and bonds amounts			7,925,549	
4. A 5. A 6. F	Jnpaid claims adjustment expenses			869,426	, ,
5. <i>A</i>	Aggregate health policy reserves			·	
6. F	Aggregate life policy reserves				
	Property/casualty unearned premium reserve.				
	Aggregate health claim reserves				
	Premiums received in advance				
	Seneral expenses due or accrued.			2,490,779	
10 1 (Surrent federal and ferging income tay payable and interset thereon / including \$				
ro. i	ealized gains (losses))				
10.2 N	Net deferred tax liability.				
11. (Ceded reinsurance premiums payable				
12. A	Amounts withheld or retained for the account of others	909,566		909,566	747,714
13. F	Remittances and items not allocated.				
14. E	Sorrowed money (including \$				
	Amounts due to parent, subsidiaries and affiliates				
	Payable for securities				
17 F	Funds held under reinsurance treaties with (\$				
18. F	Reinsurance in unauthorized companies.				
	Net adjustments in assets and liabilities due to foreign exchange rates.				
20. L	iability for amounts held under uninsured plans.				
21. A	Aggregate write-ins for other liabilities (including \$				
22. T	Total liabilities (Line 1 to Line 21)	30,622,320	1,004,499	31,626,819	48,375,039
23. A	Aggregate write-ins for special surplus funds.	XXX	XXX		
24. C	Common capital stock	XXX	XXX		
25. F	Preferred capital stock	XXX	XXX		
26.	Gross paid in and contributed surplus.	XXX	XXX		
27. S	Surplus notes	XXX	XXX		
28. A	Aggregate write-ins for other than special surplus funds	XXX	XXX		
29. L	Jnassigned funds (surplus)	XXX	XXX	33, 173, 158	38,305,685
30. L	ess treasury stock, at cost:				
3	0.1	XXX	XXX		
3	30.2	XXX	XXX		
31. To	otal capital and surplus (Line 23 to Line 29 minus Line 30)	XXX	XXX	33, 173, 158	38,305,685
32. To	otal Liabilities, capital and surplus (Line 22 and Line 31).	xxx	XXX	64,799,977	86,680,724
	OF WRITE-INS				
2102.					
2198. S	Summary of remaining write-ins for Line 21 from overflow page Totals (Line 2101 through Line 2103 plus Line 2198) (Line 21 above)				
2301		XXX	XXX		
		XXX	XXX XXX		
2398. S	Summary of remaining write-ins for Line 23 from overflow page Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)	XXX	XXX XXX		
	,				
		XXX	XXX XXX		
2803.	Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX XXX		
	Totals (Line 2801 through Line 2803 plus Line 2898) (Line 28 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Ye	ear to Date	Prior Year to Date	Prior Year Ended December 31
		1	2	3	4
		Uncovered	Total	Total	Total
1.	Member Months.	XXX	390,417	511,070	658,973
2.	Net premium income (including \$	XXX	132,119,083	158,929,178	207,452,283
3.	Change in unearned premium reserves and reserve for rate credits.	XXX			
4.	Fee-for-service (net of \$medical expenses)	XXX			
5.	Risk revenue.	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX			
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Line 2 to Line 7).	XXX	132,119,083	158,929,178	207,452,283
Hospita 9.	al and Medical: Hospital/medical benefits.		71,506,989	98,465,254	113,954,344
10.	Other professional services		9,238,450	9,050,978	14,722,498
11.	Outside referrals.				
12.	Emergency room and out-of-area		6,408,398	4,522,232	10,212,495
13.	Prescription drugs		22,104,242	23,139,917	32, 183, 154
14.	Aggregate write-ins for other hospital and medical		541,750	284,487	443,998
15.	Incentive pool, withhold adjustments and bonus amounts.		7,966,511	7,756,960	13,331,562
16.	Subtotal (Line 9 to Line 15)		117,766,340	143,219,828	184,848,051
Less: 17.	Net reinsurance recoveries.		1 539 528	4,195,887	2 567 064
	Total hospital and medical (Line 16 minus Line 17)			, ,	, ,
	Non-health claims (net)				, ,
	Claims adjustment expenses, including \$				
	General administrative expenses.			12,592,941	, ,
22.	Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)			, ,	, ,
	Total underwriting deductions (Line 18 through Line 22)				
	Net underwriting gain or (loss) (Line 8 minus Line 23)			3,478,764	
25.	Net investment income earned.		476,840	1,885,747	2,561,412
26.	Net realized capital gains (losses) less capital gains tax of \$		(589,011)	7,747	245,630
27.	Net investment gains (losses) (Line 25 plus Line 26)		(112, 171)	1,893,494	2,807,042
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$)]				
29.	Aggregate write-ins for other income or expenses.				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Line 24 plus Line 27 plus Line 28 plus Line 29).	XXX	2,873,946	5,367,014	6,918,537
31.	Federal and foreign income taxes incurred.	XXX			
32.	Net income (loss) (Line 30 minus Line 31)	XXX	2,873,946	5,367,014	6,918,537
	AILS OF WRITE-INS	VVV			
0601		XXX			
0603 0698 0699	. Summary of remaining write-ins for Line 6 from overflow page	XXX XXX XXX			
	Totals (Line 0001 tillough Line 0003 plus Line 0030) (Line 0 above)	XXX			
0702 0703		XXX			
0798 0799	. Summary of remaining write-ins for Line 7 from overflow page	XXX XXX			
1401					
1402					
1498					
2901	OTHER INCOME		6,400	(5,244)	5,779
2902 2903					
2998 2999	Summary of remaining write-ins for Line 29 from overflow page Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above)		6,400	(5,244)	5,779

STATEMENT OF REVENUE AND EXPENSES (continued)

		1	2	3
	CAPITAL AND SURPLUS ACCOUNT	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
33.	Capital and surplus prior reporting year	38,305,685	30,639,635	30,639,635
34.	Net income (loss) from Line 32	2,873,946	5,367,015	6,918,537
35.	Change in valuation basis of aggregate policy and claims reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	(2,214,959)	111,680	87,191
37.	Change in net unrealized foreign exchange capital gain or (loss).			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets.	(5,791,513)	1,396,809	660,322
40.	Change in unauthorized reinsurance.			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus.			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Tranferred from capital			
46.	Dividends to stockholders.			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Line 34 to Line 47)	(5,132,526)	6,875,504	7,666,050
49.	Capital and surplus end of reporting period (Line 33 plus Line 48)	33, 173, 159	37,515,139	38,305,685
DET	AILS OF WRITE-INS			
4701	l			
4702	2			
4703).			
4798	3. Summary of remaining write-ins for Line 47 from overflow page			
4799	7. Totals (Line 4701 through Line 4703 plus Line 4798) (Line 47 above)			

CASH FLOW

		1	2
		Current Year To Date	Prior Year Ended December 31
	Cash from Operations		
1.	Premiums collected net of reinsurance.		206,957,165
2. 3.	Net investment income Miscellaneous income		
•			
4.	Total (Line 1 through Line 3)	132,557,686	210,579,513
5.	Benefit and loss related payments	129.654.505	
6. 7.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts Commissions, expenses paid and aggregate write-ins for deductions.	13 076 716	
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$		
10.	Total (Line 5 through Line9)	142,731,221	207,395,329
11.	Net cash from operations (Line 4 minus Line 10)	(10,173,535)	
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		
	12.3 Mortgage loans		
	12.5 Other invested assets		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Line 12.1 through Line 12.7)	11,398,961	8,141,720
13.	Cost of investments acquired (long-term only): 13.1 Bonds		
	13.2 Stocks	10,856,366	3,535,580
	13.3 Mortgage loans 13.4 Real estate		
	13.5 Other invested assets		525,346
	···		
	13.7 Total investments acquired (Line 13.1 through Line 13.6)	11,487,978	4,060,926
14.	Net increase or (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(89,017)	4,080,794
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes 16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds 16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders 16.6 Other cash provided (applied)		5 962 681
		, , ,	
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(5,265,999)	5,962,681
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(15,528,551)	
19.		40 004 070	24 007 044
	19.1 Beginning of year 19.2 End of period (Line 18 plus Line 19.1)	48,224,873 32,696,322	
	e: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0	002		
20.0 20.0			
20.0	005		
20.0	007		
20.0	009		
20.0	010		

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Ho	ospital and Medical)	4	5	6	7	8	9	10
		2	3	Medicare	Vision	Dental	Federal Employees Health	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	48,801	287	48,514							
2. First Quarter	44,398	268	43,565				565			
3. Second Quarter	43,402		42,555				591			
4. Third Quarter	41,581	246	40,726				609			
5. Current Year										
6. Current Year Member Months	390,417	2,247	382,864				5,306			
Total Member Ambulatory Encounters for Period:										
7. Physician.	217,395		212,454				2,955			
8. Non-Physician	112,844	903	110,407				1,534			
9. Total	330,239	2,889	322,861				4,489			
10. Hospital Patient Days Incurred	8,450	207					437			
11. Number of Inpatient Admissions.		201	2,376				422			
12. Health Premiums Written (a)	133,768,929	769,892	131,289,452				1,709,585			
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	133,768,929	769,892	131,289,452				1,709,585			
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	135,446,914	779,549	132,936,335				1,731,030			
18. Amount Incurred for Provision of Health Care Services	117,766,340	677,791	115,583,479				1,505,070			

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

STATEMENT AS OF SEPTEMBER 30, 2008 OF THE Physicians Health Plan of Mid-Michigan

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 - Aggregate accounts not individually listed-uncovered						1,004,500
0399999 - Aggregate accounts not individually listed-covered	6,045,914					
0499999 - Subtotals	6,529,065			995,337	3,088,278	
0799999 - Total claims unpaid.						
0899999 - Accrued medical incentive pool and bonus amounts						

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

	Claims Paid		Liability End of Current Quarter		to Date Liability End of Current Quarter 2 3 4		Claims Paid Year to Date Liability End of Current Quarter		5	6 Estimated Claim
	1	2		Reserve and Claim						
Line of Business	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 plus 3)	Liability December 31 of Prior Year				
Comprehensive (hospital and medical)	10,646,839	113,671,903	865,046	12,709,269	11,511,885	26,083,857				
2. Medicare Supplement										
3. Dental only										
4. Vision only										
5. Federal Employees Health Benefits Plan										
6. Title XVIII - Medicare										
7. Title XIX - Medicaid										
8. Other health										
9. Health subtotal (Line 1 to Line 8)	10,646,839	113,671,903	865,046	12,709,269		26,083,857				
10. Healthcare recievables (a)	2,502,761				2,502,761	6,340,170				
11. Other non-health										
12. Medical incentive pools and bonus amounts			 	6,781,934	12,271,787	11,094,121				
13. Totals										

⁽a) Excludes \$ loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

No significant change.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

No significant change.

3. BUSINESS COMBINATIONS AND GOODWILL

No significant change.

4. DISCONTINUED OPERATIONS

No significant change.

5. INVESTMENTS

No significant change.

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

No significant change.

7. INVESTMENT INCOME

No significant change.

8. DERIVATIVE INSTRUMENTS

No significant change.

9. INCOME TAXES

No significant change.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

No significant change.

11. DEBT

No significant change.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

No significant change.

13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

No significant change.

NOTES TO FINANCIAL STATEMENTS

14.	CONTINGENCIES

No significant change.

15. LEASES

No significant change.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

No significant change.

17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

No significant change.

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

No significant change.

19. DIRECT PREMIUM WRITTEN / PRODUCED BY MANAGING GENERAL AGENTS / THIRD PARTY ADMINISTRATORS

No significant change.

20. OTHER ITEMS

No significant change.

21. EVENTS SUBSEQUENT

No significant change.

22. REINSURANCE

No significant change.

23. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

No significant change.

24. CHANGE IN INCURRED CLAIMS AND CLAIM ADJUSTMENT EXPENSES

No significant change.

25. INTERCOMPANY POOLING ARRANGEMENTS

No significant change.

26. STRUCTURED SETTLEMENTS

No significant change.

NOTES TO FINANCIAL STATEMENTS

27. HEALTH CARE RECEIVABLES

No significant change.

28. PARTICIPATING POLICIES

No significant change.

29. PREMIUM DEFICIENCY RESERVES

No significant change.

30. ANTICIPATED SALVAGE AND SUBROGATION

No significant change.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?								
1.2	If yes, has the report been filed with the domiciliary state?						Yes () No Yes () No	` '	
2.1	Has any change been made during the year of this statem entity?	ent in the charter, by-laws, articles of incorporation, or deed	d of settlemen	t of the reporting	9	١	Yes () No	o (X)	
2.2	If yes, date of change:								
3.	Have there been any substantial changes in the organizati	onal chart since the prior quarter end?				١	Yes () No	o (X)	
	If yes, complete the Schedule Y - Part 1 - organizational c	hart.							
4.1	Has the reporting entity been a party to a merger or conso	lidation during the period covered by this statement?				١	Yes () No	o (X)	
4.2	2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.								
		1 Name of Entity	NAIC	2 Company Code	State of Don	nicile			
5.	If the reporting entity is subject to a management agreeme have there been any significant changes regarding the term	ent, including third-party administrator(s), managing general ms of the agreement or principals involved?	l agent(s), at	torney-in-fact, c	or similar agreemen		Yes () No	o (X)	N/A (
	If yes, attach an explanation.						12/31/2005		
6.1	. , ,								
0.2	5.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.								
6.3	6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).								
6.4	By what department or departments?								
	MICHIGAN OFFICE OF FINANCIAL & INSURANCE REGULA	ATION [OFIR]							
6.5	Have any financial statement adjustments within the latest with Departments?	financial examination report been accounted for in a subsequ	ent financial s	statement filed		١	Yes (X) No	0 ()	N/A (
6.6	Have all of the recommendations within the latest financial of	examination report been complied with?				}	Yes (X) No	0 ()	N/A (
7.1	Has this reporting entity had any Certificates of Authority , I governmental entity during the reporting period? (You need agreement.)	icenses or registrations (including corporate registration, if a not report an action, either formal or informal, if a confiden	applicable) sustiality clause is	spended or revo s part of the	ked by any	\	Yes () No	o (X)	
7.2	If yes, give full information								
Ω 1	Is the company a subsidiary of a bank holding company reg	ulated by the Federal Posenia Board?					Yes () No	o (V)	
	If response to 8.1 is yes, please identify the name of the ba	•				'	62 () IN	υ (λ)	
0.2	in response to 0.1 is yes, please identity the flame of the bi	ank nothing company.							
	Is the company affiliated with one or more banks, thrifts or						Yes () No	o (X)	
8.4	[i.e. the Federal Reserve Board (FRB), the Office of the C	and location (city and state of the main office) of any affiliate Comptroller of the Currency (OCC), the Office of Thrift Supe ion (SEC)] and identify the affiliate's primary federal regulate	ervision (OTS)	y a federal regul) , the Federal D	atory services ager eposit Insurance	ю			
	1 2 3 4 5 6								
	Location Affiliate Name (City, State) FRB OCC OTS FDIC								
								_	

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or pers similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal at (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting en (c) Compliance with applicable governmental laws, rules and regulations; (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and (e) Accountability for adherence to the code.	nd professional relationships;	Yes (X) No ()
9.11	If the response to 9.1 is No, please explain:		
9.2	Has the code of ethics for senior managers been amended?		Yes () No (X)
9.21	If the response to 9.2 is Yes, provide information related to amendment (s).		
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?		Yes () No (X)
9.31	If the response to 9.3 is Yes, provide the nature of any waiver (s) .		
	FINANCIAL		
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?		Yes (X) No ()
10.2	If yes, indicate the amounts receivable from parent included in the Page 2 amount:		\$ 3,648,043
	INVESTMENT		
11.1	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise (Exclude securities under securities lending agreements.)	nade available for use by another person?	Yes () No (X)
11.2	If yes, give full and complete information relating thereto:		
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:		\$
13.	Amount of real estate and mortgages held in short-term investments:		\$
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?		Yes (X) No ()
14.2	If yes, please complete the following:	1 Prior Year-End Book/	2 Current Quarter Book/
	14.21 Bonds	Adjusted Carrying Value \$	Adjusted Carrying Value
	14.22 Preferred Stock 14.23 Common Stock	\$ \$ 8,276,035	\$
	14.24 Short-Term Investments	\$ \$	\$ \$
	14.26 All Other	\$ 6,839,205 \$ 15,115,240 \$	\$ 6,699,930 \$ 14,297,393 \$
15.1	Has the reporting entity entered into any hedging transactions reported on schedule DB?		Yes () No (X)
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?		Yes () No ()

If no, attach a description with this statement.

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

1 Name of Custodian (:	s)		2 Custodian Address	
ELLON BANK		ONE MELLON CENTER, PITTSB	IRGH, PA 15258-0001	
2 For all agreements that do not comply with the	ne requirements of the NAIC Fina	ancial Condition Examiners Handbo	k, provide the name, location and a comple	ete explanation:
1		2		3
Name (s)	Loc	eation(s)	Com	plete Explanation(s)
Have there been any changes, including par	no changes in the custodian(s)	identified in 16-1 during the current	quartor?	Voc. () No. (V)
Have there been any changes, including nam	ne changes, in the custodian(s)	identified in 16.1 during the current	quarter?	Yes () No (X)
Have there been any changes, including nam If yes, give full and complete information relationships to the second secon	, ,	identified in 16.1 during the current	quarter?	Yes () No (X)
, ,	, ,	identified in 16.1 during the current		Yes () No (X)
If yes, give full and complete information rela	ating thereto:			
If yes, give full and complete information rela	ating thereto:	3 Date		4
If yes, give full and complete information rela	ating thereto:	3 Date of Change	Re	4 ason
If yes, give full and complete information rela	ating thereto:	3 Date of Change		4 ason
If yes, give full and complete information rela	ating thereto:	3 Date of Change	Re	4 ason
If yes, give full and complete information related to the foliation of the	ating thereto: 2 New Custodian	3 Date of Change	Re	4 ason
If yes, give full and complete information rela	ating thereto: 2 New Custodian	3 Date of Change	Re	4 ason
If yes, give full and complete information related to the foliation of the reporting entity:	New Custodian	3 Date of Change	Re	4 ason
If yes, give full and complete information related to the foliation of the reporting entity: 1 Old Custodian Identify all investment advisors, brokers/deaton behalf of the reporting entity: 1 Central Registration Deposite	New Custodian lers or individuals acting on behaviory	3 Date of Change	Re	4 ason urities and have authority to make investing a Address
If yes, give full and complete information related to the properties of the reporting entity: 1 Old Custodian 6 Identify all investment advisors, brokers/deat on behalf of the reporting entity: 1 Central Registration Deposite	New Custodian Plers or individuals acting on behaviory LONG	alf of brokers/dealers that have acc	Re ss to the investment accounts, handle secu 3 RADNOR CORP CENTER, PITTSBU	4 ason urities and have authority to make invest
If yes, give full and complete information related to the following of the second of t	New Custodian lers or individuals acting on behaviory LONG SANFI	alf of brokers/dealers that have acc	Re Sess to the investment accounts, handle secu 3 RADNOR CORP CENTER, PITTSBU ONE NORTHE LEXINGTON AVE, WH	4 ason urities and have authority to make invest Address JRGH, PA
If yes, give full and complete information related to the foliation of the reporting entity: 1 Old Custodian Identify all investment advisors, brokers/deaton behalf of the reporting entity: 1 Central Registration Deposit	New Custodian PIMCC And the reto: 1 2 New Custodian 1 2 New Custodian 1 2 New Custodian 3 New Custodian 4 New Custodian 2 New Custodian 3 New Custodian 4 New Custodian 5 New Custodian 6 New Custodian 9 New Custodian 1 New Custodian 9 New Custodian 1 New Custodian 9 New Custodian 9	alf of brokers/dealers that have accompanies and services and services are services as a service and services are services are services as a service and services are services as a service and services are services are services as a service and services are services as a service and services are services are services as a service and services are services as a service and services are services are services as a service and services are services are services as a service and services	Research Res	4 ason urities and have authority to make invest 3 Address JRGH, PA HITE PLAINS, NY 10601

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Location	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
0199998 - Life and Annuity - Affiliates						
0299998 - Life an	d Annuity - Non-Aff	iliates				
0399998 - Accide	nt and Health - Affil	iates				
Accident and Health - Non-Affiliates 39845						
0599998 - Property/Casualty - Affiliates						
0699998 - Proper	ty/Casualty - Non-A	Affiliates				

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only Year to Date							
	States, Etc.	Active Status	2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Column 2 Through Column 7	9 Deposit-Type Contracts
1.	Alabama AL	N								
2.	Alaska AK	N								
3. 4.	Arizona AZ Arkansas AR	N								
5.	California CA	N								
6.	Colorado	N								
7.	Connecticut	N								
8.	DelawareDE	N								
9. 10.	District of Columbia DC Florida FL	N								
11.	Georgia GA	N								
12.	Hawaii	N								
13.	ldaho ID	N								
14.	Illinois	N								
15.	IndianaIN	N								
16. 17.	lowa IA Kansas KS	N								
18.	Kentucky KY	N								
19.	LouisianaLA	N								
20.	Maine ME	N								
21.	Maryland MD	N								
22. 23.	Massachusetts MA	N	132,059,344			1,709,585			133,768,929	
23. 24.	Michigan MI Minnesota MN	N	132,039,344			1,709,303			133,700,323	
25.	Mississippi MS	N								
26.	Missouri MO	N								
27.	Montana MT	N								
28.	Nebraska NE Nevada NV	N								
29. 30.	Nevada NV New Hampshire NH	N								
31.	New Jersey NJ	N								
32.	New Mexico NM	N								
33.	New YorkNY	N								
34.	North Carolina NC	N								
35. 36.	North Dakota ND Ohio OH	N								
37.	Oklahoma OK	N								
38.	Oregon OR	N								
39.	Pennsylvania	N								
40.	Rhode Island RI	N								
41. 42.	South Carolina SC South Dakota SD	N								
43.	Tennessee TN	N								
44.	TexasTX	N								
45.	UtahUT	N								
46.		N								
47. 48.	Virginia. VA Washington. WA	N								
49.		N								
	Wisconsin	N								
51.	Wyoming WY	N								
52.	American Samoa	N								
53. 54.	Guam. GU Puerto Rico. PR	N								
55.	U.S. Virgin Islands VI	N								
56.	Northern Mariana Islands MP	N								
57.		N								
58.	Aggregate Other AlienOT	XXX	132,059,344			1,709,585			133,768,929	
59. 60.	Subtotal	Λ Λ Λ	132,039,344			1,709,505			155,700,929	[
٠٠.	Employee Benefit Plans	XXX								
61.		(a) 1	132,059,344			1,709,585			133,768,929	
	LS OF WRITE-INS									
5801. 5802.										[
5803.										
5898.	Summary of remaining write-ins for Line 58 from overflow page									
	Total (Line 5801 through Line 5803 plus Line 5898)									
	(Line 58 above)									

⁽a) Insert the number of "L" responses except for Canada and Other Alien .

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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

SPARROW HEALTH SYSTEM CORPORATE ORGANIZATION CHART

	1	2	3	4	5	6
	NAIC		NAIC	State		
	Group Code	Cuerry Name	Company Code	of Domicile	FEI Number	Name of Company
4		Group Name	Code		Number	Name of Company
1	3408	SPARROW HEALTH SYSTEM		MI	204200004	SPARROW WOMEN'S HOSPITAL ASSOCIATION
2 3	3408 3408	SPARROW HEALTH SYSTEM E.W. SPARROW HOSPITAL ASSOCIATION		MI MI	381360584	E.W. SPARROW HOSPITAL ASSOCIATION MID-MICHIGAN MR I. INC
_	3408 3408	E.W. SPARROW HOSPITAL ASSOCIATION E.W. SPARROW HOSPITAL ASSOCIATION		MI		SPARROW PHYSICIANS HEALTH NETWORK
4	3408 3408	E.W. SPARROW HOSPITAL ASSOCIATION E.W. SPARROW HOSPITAL ASSOCIATION		MI		GRADUATE MEDICAL EDUCATION, INC
5 6	3408 3408	E.W. SPARROW HOSPITAL ASSOCIATION E.W. SPARROW HOSPITAL ASSOCIATION		MI		PREMIER
_						
7	3408	E.W. SPARROW HOSPITAL ASSOCIATION E.W. SPARROW HOSPITAL ASSOCIATION		MI MI		CAYMICH INSURANCE CO, LTD
8 9	3408 3408	E.W. SPARROW HOSPITAL ASSOCIATION E.W. SPARROW HOSPITAL ASSOCIATION		MI		FINCOR HOLDINGS, INC NORTH GRAND RIVER COOPERATIVE
10	3408	E.W. SPARROW HOSPITAL ASSOCIATION E.W. SPARROW HOSPITAL ASSOCIATION		MI		LANSING MEDICAL DENTAL BUILDING
11	3408	E.W. SPARROW HOSPITAL ASSOCIATION E.W. SPARROW HOSPITAL ASSOCIATION		MI		MEDICAL CENTER WEST CONDO ASSOCIATION
12	3408	E.W. SPARROW HOSPITAL ASSOCIATION E.W. SPARROW HOSPITAL ASSOCIATION		MI		IONIA COUNTY MEMORIAL HOSPITAL
13	3408	SPARROW HEALTH SYSTEM		MI	381358172	CLINTON MEMORIAL HOSPITAL
14	3408	SPARROW HEALTH SYSTEM		MI	386100687	SPARROW FOUNDATION
15	3408	SPARROW HEALTH SYSTEM	95849	MI	382356288	PHYSICIAN HEALTH PLAN OF MID-MICHIGAN
16	3408	PHYSICIANS HEALTH PLAN OF MID-MICHIGAN	33043	MI	383361367	PHYSICIAN HEALTH PLAN SHARED SVCS ORG
17	3408	PHYSICIANS HEALTH PLAN OF MID-MICHIGAN		MI	382594856	PHPMM TPA
18	3408	PHYSICIANS HEALTH PLAN OF MID-MICHIGAN	11537	MI	364497604	PHPMM FAMILYCARE
19	3408	PHYSICIANS HEALTH PLAN OF MID-MICHIGAN	12916	MI	205565219	PHPMM INSURANCE COMPANY
20	3408	SPARROW HEALTH SYSTEM	12010	MI	382543305	SPARROW HOME CARE
21	3408	SPARROW HEALTH SYSTEM		MI	382594856	PHYSICIANS HEALTH NETWORK
22	3408	SPARROW HEALTH SYSTEM		MI	382595963	SPARROW DEVELOPMENT, INC
23	3408	SPARROW DEVELOPMENT, INC		MI		PHARMACY PLUS
24	3408	SPARROW DEVELOPMENT, INC		MI		ST LAWRENCE OR MGT CO, LLC
25	3408	SPARROW DEVELOPMENT, INC		MI		MICHIGAN ATHLETIC CLUB
26	3408	SPARROW DEVELOPMENT, INC		MI		SPARROW PRACTICE MGT COMPANY
27	3408	SPARROW DEVELOPMENT, INC		MI		SPARROW REGIONAL MEDICAL SUPPLY
28	3408	SPARROW HEALTH SYSTEM		MI		CARSON CITY HOSPITAL
29	3408	SPARROW HEALTH SYSTEM		MI		SPARROW SPECIALTY HOSPITAL

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATIONS and provide an explanation following the interrogatory questions.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	YES
EXPLANATIONS:	
BAR CODE:	
Document Identifier 365:	
bounter runting out.	

SCHEDULE A - VERIFICATION

Real Estate

		1 Year To Date	2 Prior Year Ended December 31
	Book/adjusted carrying value, December 31 of prior year Cost of acquired: 2.1 Actual cost at time of acquisitions	, ,	2,615,485
	2.1 Actual cost at time of acquisitions 2.2 Additional investment made after acquisitions		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5. 6.	Deduct amounts received on disposals Total foreign exchange change in book/adjusted carrying value Deduct current year's other than temporary impairment recognized		
7	Total foliging storlarings trainings in bound adjusted carlying value		
8.	Deduct current year's depreciation	268.617	400,243
9.	Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 minus		
	Line 5 plus Line 6 minus Line 7 plus Line 8)	1,946,625	2,215,242
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		2,215,242

SCHEDULE B - VERIFICATION

Mortgage Loans

		Year To Date	Prior Year Ended December 31
	Dock value (recorded investment evaluation		
١.	Book value/recorded investment excluding		
2.	Cost of acquired: 2.1. Actual cost at time of acquisitions. 2.2. Additional investment made after a		
2			
J.	Capitalized deferred interest and other Accrual of discount		
4.			
٥.	Unrealized valuation increase (decrease)		
0.	Total gain (loss) on disposals		
1.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest points and commitment fees. Total foreign exchange change in book value/recorded investment excluding accrued interest		
9.			
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Line 1 plus Line 2 plus		
	Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1	2 Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year Cost of acquired: 2.1. Actual cost at time of acquisitions		, ,
3. 4.	2.1. Actual cost at time of acquisitions 2.2. Additional investment made after acquisitions Capitalized deferred interest and other Accrual of discount		
5. 6.	Unrealized valuation increase (decrease) Total gain (loss) on disposals	\ ' '	,
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)	7,439,981	
12. 13.	Deduct total nonadmitted amounts Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year To Date	2 Prior Year Ended December 31
1. 2. 3.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year. Cost of bonds and stocks acquired Accrual of discount	10,856,366	3,535,580
7.	Unrealized valuation increase (decrease) Total gain (loss) on disposals Deduct consideration for bonds and stocks disposed of Deduct amortization of premium	(1,126,189) (609,410) 11,378,562	(422,010) 7,820,885
8. 9. 10.	Total foreign exchange change in book/adjusted carrying value . Deduct current year's other than temporary impairment recognized Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus . Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9) Deduct total nonadmitted amounts		17,772,897
12.	Statement value at end of current period (Line 10 minus Line 11)	15,460,073	17,772,897

S.O.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

1	١ ا	4	5	6	7	8
ng During	spositions During ent Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjuste Carrying Valu December 3 Prior Year
· · ·	· · ·	909,317	44,030,434			53,050,4
				1		
	I .					
845,509 1,69	. 1,690,808	909,317	44,030,434	35,579,260	36,643,278	53,050,4
845,509 1,69	. 1,690,808	909,317	44,030,434	35,579,260	36,643,278	53,050,4
845,5						

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
8299999 Totals	36,643,278	XXX	36,643,278	804,594	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
Book / adjusted carrying value, December 31 of prior year	53,050,491	
2. Cost of short-term investments acquired	6,635,491	13,630,292
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	23,042,704	891,943
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9)		53,050,491
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		53,050,491

Page SI04
Schedule DB, Pt. F, Section 1, Replicated (Synthetic) Assets Open NONE

Page SI05
Sch. DB, Pt. F, Sn. 2, Reconciliation Replicated (Syn.) Assets NONE

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year		
2. Cost of short-term investments acquired		
3. Accrual of discount		
4. Unrealized valuation incre		l
5. Total gain (loss) on disp		
Deduct consideration rec Deduct amortization of pr		
7. Deduct amortization of pi		
8. Total foreign exchange cl		
9. Deduct current year's other tnan temporary impairment recognized	 	
10. Book/adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

Page E01
Sch. A, Pt. 2, Real Estate Acquired NONE

Sch. A, Pt. 3, Real Estate Disposed **NONE**

Page E02

Schedule B, Part 2, Mortgage Loans Acquired **NONE**

Schedule B, Part 3, Mortgage Loans Disposed **NONE**

Page E03
Sch. BA, Pt. 2, Other Long-Term Invested Assets Acquired NONE

Sch. BA, Pt. 3, Other Long-Term Invested Assets Disposed $\bf NONE$

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
976657-10-6	Public Utilities (Unaffiliated) WISCONSIN ENERGY CORP COM I - Common Stocks - Public Utilities (Unaffiliated)			FX- CREDIT SUISSE FI					
172967-10-1 316773-10-0 38141G-10-4 416515-10-4 929903-10-2 G98255-10-5	FIFTH THIRD BANCORP GOLDMAN SACHS GROUP INC COM HARTFORD FINL SVCS GROUP INC COM	F	09/25/2008 09/12/2008 07/15/2008 08/01/2008 09/17/2008	UBS SECURITIES INC, VARIOUS	700.000 115.000 500.000 800.000 800.000	11,479 17,926 30,953 14,344 14,677			L L L L
031162-10-0 037411-10-5 152312-10-4 25179M-10-3 364730-10-1 37247D-10-6 464287-46-5 464287-61-4 589331-10-7 617446-44-8 67066G-10-4 759351-50-5 75952B-10-5 852061-10-0 887317-10-5 958102-10-5 294821-60-8	Industrial and Miscellaneous (Unaffiliated) AMGEN INC COM APACHE CORP COM CENTEX CORP COM DEVON ENERGY CORP NEW COM GANNETT INC COM GENWORTH FINL INC COM ISHARES TR MSCI EAFE INDEX FD ISHARES RUSSELL 1000 GROWTH INDEX FUND MERCK & CO INC COM MORGAN STANLEY NVIDIA CORP COM REINSURANCE GROUP AM RELIANT ENERGY INC SPRINT NEXTEL CORP COM SER 1 TIME WARNER INC COM NEW WESTERN DIGITAL CORP DEL COM ERICSSON L M TEL CO ADR CL B SEK 10 NEW I - Common Stocks - Industrial and Miscellaneous (Unaffiliated)		07/25/2008 08/28/2008 09/24/2008 07/10/2008 07/25/2008 08/22/2008 07/01/2008 07/31/2008 09/17/2008 09/17/2008 09/30/2008 09/30/2008 09/30/2008	VARIOUS FX- SHEARSON LEHMAN FX- CREDIT SUISSE FI INVESTMENT TECHNOLOG FX- SHEARSON LEHMAN CANTOR FITZGERALD/BG CANTOR FITZGERALD/BG GOLDMAN SACHS EXECUT CITATION GROUP, NY VARIOUS MERGER NUTMEG SECURITIES, W PIPELINE TRADING SYS GOLDMAN SACHS EXECUT FX- CREDIT SUISSE FI LIQUIDNET INC. BROOK	375.000 1,000.000 375.000 400.000 825.000 21,041.000 58,387.000 200.000 400.000 15.200 900.000 1,200.000 1,200.000 1,600.000 1,600.000 2,400.000	42,346 15,402 37,499 7,360 13,793 1,324,931 3,231,557 7,656 31,548 21,401 647 15,246 6,979 20,918 28,170 23,748			
7299997 - Subtota	I - Common Stocks - Part 3					4,969,683			
7299999 - Subtota									
7399999 - Subtota									
7499999 - TOTAL	3					4,969,683			

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10	10 Change In Book/Adjusted Carrying Value				16	17	18	19	20	21	22 NAIC	
CUSIP Identifi- cation	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amort- ization) / Accretion	Impairment I	14 Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	Designation or Market Indicator (a)
313400-30-1 313586-10-9 59156R-10-8 929903-10-2	cks - Banks, Trust and Insurance Com FEDERAL HOME LOAN MORTGAGE COI FANNIE MAE METLIFE INC COM. WACHOVIA CORP NEW COM total - Common Stocks - Banks, Trust	RP	09/18/2008 SI 09/18/2008 FX 09/12/2008 VX 09/29/2008 SI	HERWOOD SECS/BROADC	1,400.000 1,000.000 387.000 2,300.000			27,722 23,884 55,953	4,998 18,486	889			889 379		2,722 23,884 55,953		(44,091) (27,241) (3,025) (47,414) (121,771)	(44,091) (27,241) (3,025) (47,414) (121,771)	678		
03073E-10-5 031162-10-0 149123-10-1 30231G-10-2	ks - Industrial and Miscellaneous (Una AMERISOURCEBERGEN CORP COM AMGEN INC COM CATERPILLAR INC EXXON MOBIL CORP		08/29/2008 C 07/08/2008 M 09/19/2008 V		1,100.000 130.000 400.000 675.000			6,350 28,734							6.350		1.929	558 1,929 (964) 5,289	109 207 635		. L . L . L
370442-10-5 524908-10-0 590188-10-8	GENERAL ELEC CO COM. GENERAL MTRS CORP COM. LEHMAN BROS HLDGS INC COM. MERRILL LYNCH & CO INC. NORTHROP GRUMMAN CORP COM.		07/25/2008 C 09/11/2008 SI	ORGAN STANLEY & CO TATION GROUP, NY HERWOOD SECS/BROADC TIGROUP GBL MKTS/S ARIOUS	1,600.000 . 400.000 . 325.000 . 600.000	19,192 1,623 10,987 39,122		41,225 11,200 16,070 46,671	10,578	3,502			3,502		41,225 11,200 16,070 46,671		(22,033) (9,577) (5,083) (7,549)	(22,033) (9,577) (5,083) (7,549)			L L L
717081-10-3 87234N-30-2 92343V-10-4	PARKER HANNIFIN CORP COM PFIZER INC COM STK USDO. 05 TCW SELECT EQUITIES FUND VERIZON COMMUNICATIONS COM VODAFORE GROUP PLC NEW SPONSORED.		08/26/2008 IN 08/21/2008 No 09/10/2008 FX	ORGAN J P SECS INC, VESTMENT TECHNOLOG ON-BROKER TRADE, BO (- CREDIT SUISSE FI PELINE TRADING SYS.	1,200.000 185,404.000 1,300.000 1,000.000	24,100 23,165 3,231,595 45,202 28,599		00'000	7,908 27,276 1,295,834 30,583	(880) 2,046 (52,704)			(880) 2,046 (52.704)		29,322 3,278,130 49.992		1,266 (6,157) (46,535) (4,790)	1,266 (6,157) (46,535) (4,790)	96 1,152 1,419 2,004		L L L
Y2573F-10-2 6899999 - Sub	FLEXTRONICS INTERNATIONAL LTE total - Common Stocks - Industrial and cks - Mutual Funds	D F	09/02/2008 M	ORGAN STANLEY & CO	1,600.000	14 , 178		16.389		(66,264)			(51,484)		16,389 3,673,092		1:7.:17	(2,211) (99,296)			Ī
7099999 - Sub	DREYFUS PREMIER INTERNATIONAL VALUE total - Common Stocks - Mutual Funds	S		ON-BROKER TRADE, BO		1,324,929		1,726,295	610,980								(401,367)	(401,367) (401,367)			L
7299999 - Sub	ototal - Common Stocks					4,929,082		5,551,514	2,117,670	118,612			133,392		5,526,514		(622,434)	(622,434)	8,832		
7399999 - Sub 7499999 - TO1	total - Preferred and Common Stocks. TALS.									*			,		, ,		, , ,	, , ,	,		

Page E06 Schedule DB, Part A, Section 1 NONE

Schedule DB, Part B, Section 1 **NONE**

Page E07
Schedule DB, Part C, Section 1
NONE

Schedule DB, Part D, Section 1 **NONE**

STATEMENT AS OF SEPTEMBER 30 , 2008 OF THE Physicians Health Plan of Mid-Michigan

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository		2	3	4 Amount of	5 Amount of	Book Balance at End of Each Month During Current Quarter					
	Борозногу		Rate of	Interest	Interest Accrued at Current	6	7	8			
Name	Location and Supplemental Information	Code	Interest	Received During Current Quarter	Statement Date	First Month	Second Month	Third Month			
Open Depositories COMERICA BANK CHASE MANHATTAN BANK	LANSING, MICHIGAN LANSING, MICHIGAN					(3,015,143)	(2,984,350)	(3,946,956)			
0199999 - TOTAL - Open Depositories						(2,984,686)	(2,984,350)	(3,946,956)			
•						, , , ,	, , ,	(, , , ,			

Page E09 Schedule E, Part 2, Cash Equivalents NONE



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2008 OF THE Physicians Health Plan of Mid-Michigan

MEDICARE PART D COVERAGE SUPPLEMENT (Net of Reinsurance)

NAIC Group Code: 3408

NAIC Company Code: 95849

	1	2	3	4	5
	Individual	Coverage	Group (Coverage	
	Insured	Uninsured	Insured	Uninsured	Total Cash
1. Premiums Collected	1			XXX XXX XXX XXX	XXX
Claims Paid Net of Reimbursements App 6. Aggregate Policy Reserves - Change 7. Expenses Paid 8. Expenses Incurred 9. Underwriting Gain or Loss 10. Cash Flow Result	XXX	XXX	XXX	XXX XXX XXX XXX XXX	XXX XXX XXX